



\$27Kw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 1112**
Edwin Southern : Attorney Docket No. 2004_0200
Serial No. 10/772,467 : Group Art Unit 1645
Filed February 6, 2004 : Examiner A. Marschel
ANALYZING POLYNUCLEOTIDE SEQUENCES: **Mail Stop AMENDMENT**

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Sir:

Attached hereto is a check in the amount of **\$5,510.00** to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty **\$2,550.00**
Independent **\$2,600.00**
Multiple Dependent Fee **\$360.00**


A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Edwin Southern

By


Warren M. Cheek, Jr.
Registration No. 33,367
Attorney for Applicant

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April 13, 2006

[Check No. 73570]

2004_0200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

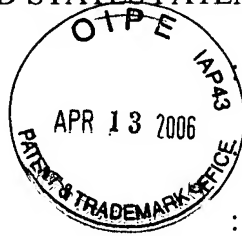
In re application of

Edwin Southern

Serial No. 10/772,467

Filed February 6, 2004

ANALYZING POLYNUCLEOTIDE
SEQUENCES



Confirmation No. 1112

Attorney Docket No. 2004_0200

: Group Art Unit 1645

: Examiner A. Marschel

Mail Stop: Amendment

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 51 x	(\$ 25 = \$)	or	(\$50 = \$2,550.00)
Indep. Claims exceeding 3 (not already paid for): 13 x	(\$100 = \$)	or	(\$200 = \$2,600.00)
[X] Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$360.00)
Total Additional Fee =	<u>\$</u>	or	<u>\$5,510.00</u>

- ☐ Small entity status of this application has been previously asserted.
- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

☒ A check in the amount of \$5,510.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Edwin Southern

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